

Meeting the needs of employers through Negotiated Work-based Learning: a “not to be missed opportunity” for advanced clinical practitioners

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Introduction

The NHS Long-Term Plan¹, a ten-year vision for healthcare in England, highlights that advanced clinical practice (ACP) is pivotal in meeting local health needs through the enhancement of capability, capacity, productivity and efficiency within multi-professional teams and, hence, more integrated models of care. Furthermore, the Interim NHS People Plan² articulates an urgent need to invest in the development of non-medical roles, particularly, advanced level skills to facilitate workforce expansion.³

Negotiated work-based learning (NWBL) facilitates the development of bespoke roles that are required to address the views and plans of health care organisations.⁴ It enables education to be delivered in partnership with increased collaboration between the education providers and the clinical environment⁵ which also facilitates learning across boundaries to conceptualise an open learning practice and interprofessional practice.⁶ As such, work-based learning pedagogies encourage the advancement of new skills, knowledge and professional development resulting in reflective practitioners, active learners, whilst fostering a culture for an innovative and multi-skilled workforce.⁷ NWBL, as part of the Masters’ programmes in advanced practice, facilitates skill acquisition and competence in clinical assessment, critical thinking and diagnostic reasoning⁸, consistent with the clinical practice capability pillar within Health Education England’s Multi-professional Framework for Advanced Clinical Practice (ACP) in England.⁹



Figure 1: Pillars of advanced clinical practice

Aim

To illustrate how negotiated work-based learning within the MSc Advanced Clinical Practitioner programme (apprentice route) has been utilised to develop bespoke roles within Children and Adolescent Mental Health Services (CAMHS) and Interventional Radiology.

ACP and Children and Adolescent Mental Health Services (CAMHS)



The current crisis within psychiatry has identified the urgency for integrated approaches through maximising the workforce resource with new models of care and new and extended roles being adopted.¹⁰ The use of ACPs in emergency mental health assessments to assess, diagnose and treat crisis prevention has resulted in improvements in patient care, satisfaction, service delivery and culture change. Completion of the NWBL coincided with the draft publication of HEE ACP Mental Health Curriculum and Capability Framework¹¹ but it was evident that the trainee ACP’s curriculum was designed appropriately to ensure that quality effective care can be delivered to children and adolescents with mental health illness. The trainee ACP identified, in conjunction with the CAMHS consultant service lead, specific roles (see Figure 2).

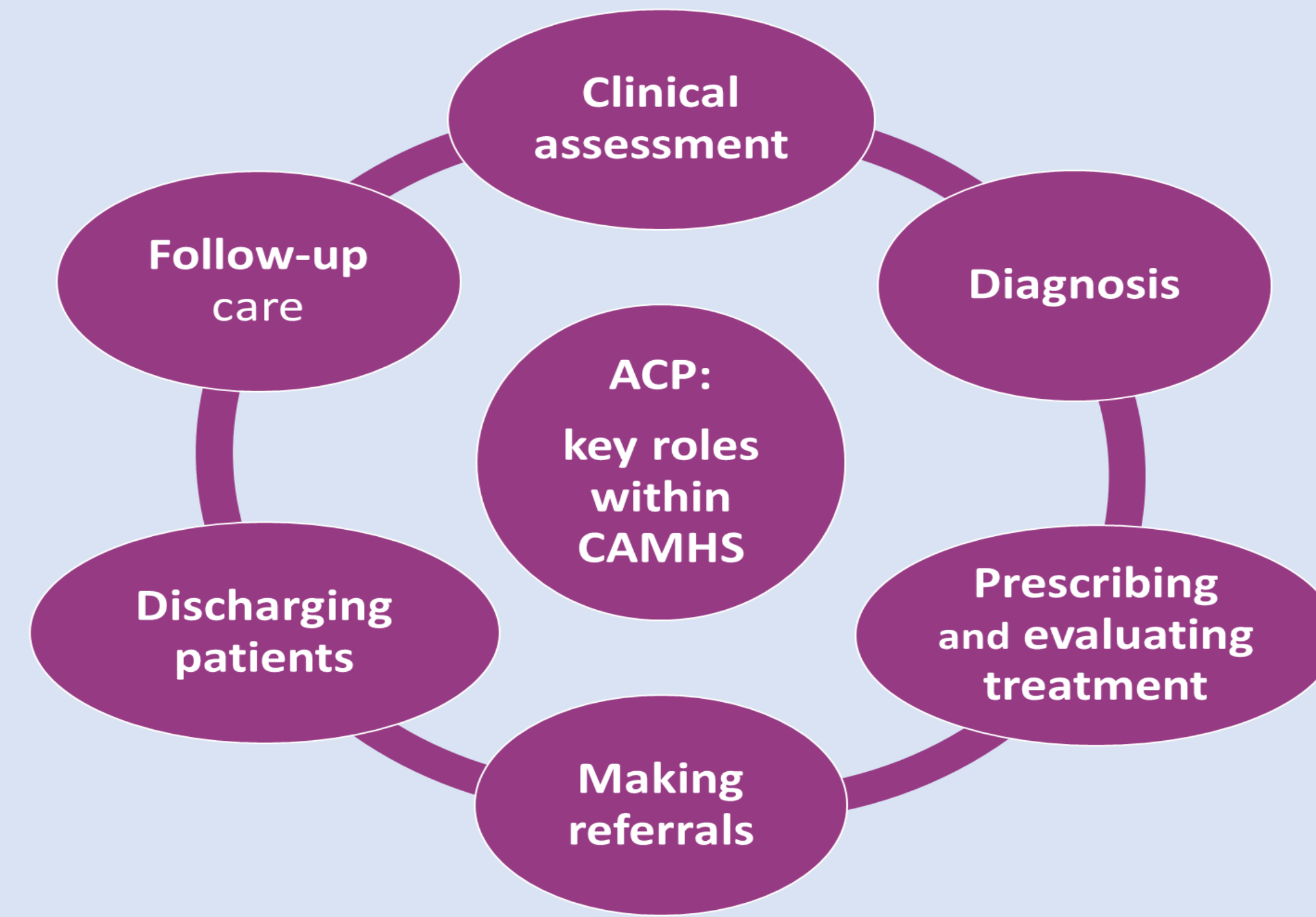
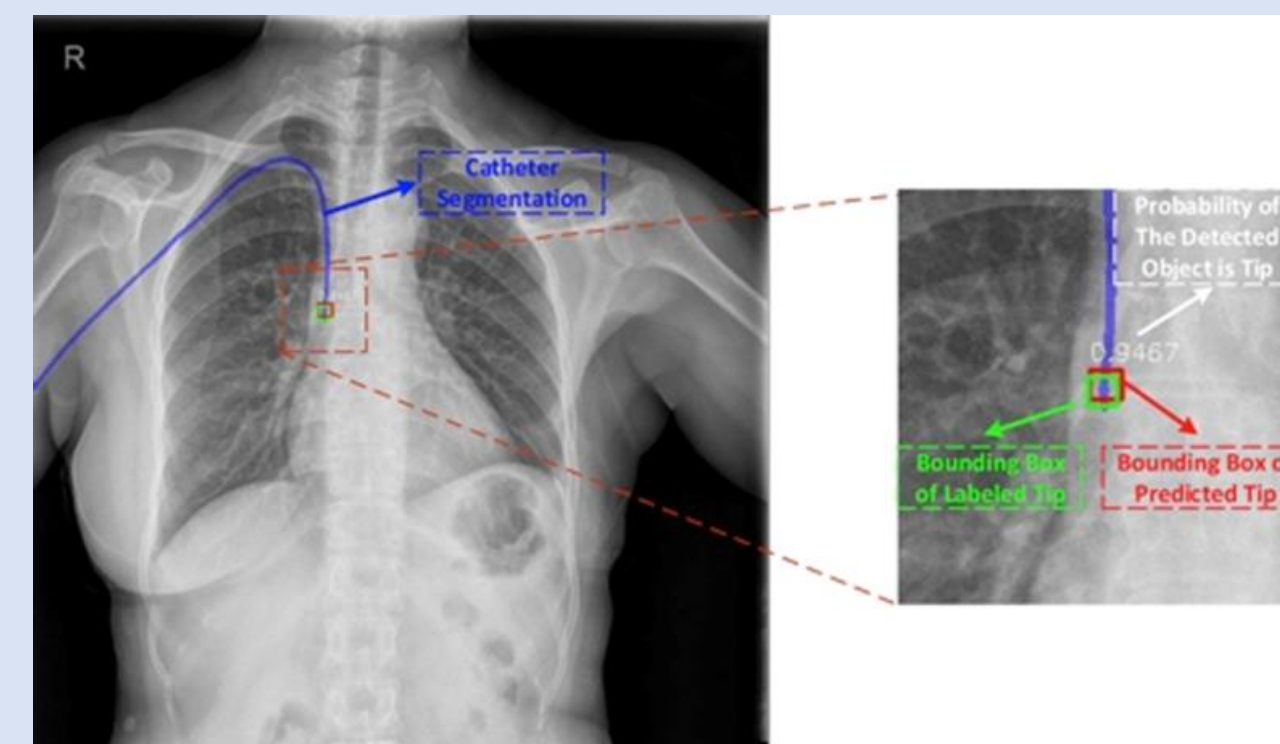


Figure 2: ACP roles within CAMHS

ACP in Interventional Radiology

Peripherally-inserted central catheters (PICCs) provide indefinite, but non-permanent intravenous (IV) therapy and blood sampling for patients with poor IV access. The benefits of nurse-led peripherally-inserted central catheters (PICCS) are well documented.¹² However, a chest x-ray is sometimes required to verify the PICC position despite inserting the device and verifying safe to use with electrocardiogram control. The lack of appropriate skills to both refer patients for imaging and report on PICC position created an opportunity for the trainee ACP to gain the appropriate skills, through NWBL, to improve patient care and experience through a more efficient service, this being consistent with the British Institute of Radiologists position of non-medical referrers and reporters.¹³ In addition, the trainee ACP developed a X-ray verification PICC protocol which has been approved by their Trust.



Positioning of PICC using X-ray chest imaging¹⁵

Work-based assessments: meeting competence

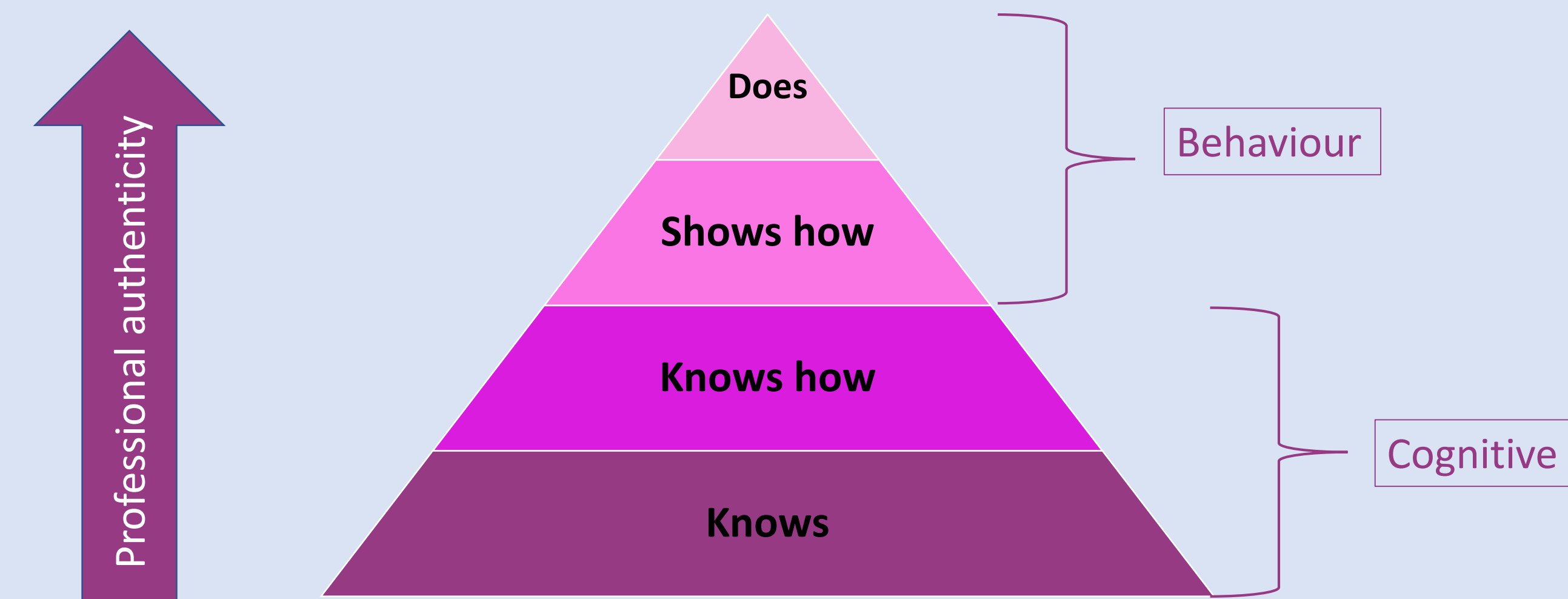


Figure 3: Miller’s model of competence

For both NWBL projects, work-based assessments (WBA) were competency-based, assessing performance, ensuring validity (authenticity) and reliability and which involved many encounters with a number of different assessors. The principles of Miller’s pyramid of performance¹⁶ underpinned the ethos of competency and performance through demonstration of progression from the “know”, “knows how”, “shows how” and “does” and, as such, moving from cognition to behaviours domains. Table 1 illustrates the variety of validated work-based assessment tools employed.

WBA for trainee ACP - CAMHS	WBA for trainee ACP – Interventional Radiology
Assessment of Clinical Expertise (ACE) Mini-Assessed Clinical Encounters (Mini-ACE) Mini-Peer Assessment Tool (Mini-PAT) Case-Based Discussions (CBD) Reflections on practice	Mini-Clinical Evaluation Exercise (Mini-CEX) Direct Observational Procedures (DOPS) Case-Based Discussions (CBD) Assessment of Teaching (AOT) Multi-Source Feedback (MSF) Reflections on practice

Table 1: Work-based assessments

Patient feedback

Feedback questionnaires completed by patients and families using the CAMHS service were very supportive of the trainee ACP including being confident about the clinician’s ability to provide care and would be happy to be seen by them in the future. Informal feedback from a patient acknowledged the efficiency of the PICC service provided by the trainee ACP, “.....a PICC makes it easy to get access for antibiotics and I feel reassured that the PICC procedure is undertaken well with the chest x-ray and it avoids me being stabbed repeatedly”.

Evaluation and review of outcome measures

Consistent with any new models of working and adoption of new roles by non-medical practitioners, outcome measures are being identified as part of the evaluation of the impact of the service delivery.

Outcome measures – CAMHS	Outcome measures – Interventional Radiology
Attendance patterns; Reduction in waiting time for assessments; Re-admission rates; Adherence to medication; Monitoring of symptoms.	Time from PICC insertion to verification and before and after nurse-led x-ray review; Accuracy of nurse-led interpretation compared with medical review; Competency period and achievement of nurse inserters in x-ray review of PICC verification; Patient feedback (informal) and through patient satisfaction questionnaires.

Table 2: Potential outcome measures

Summary

Negotiated work-based learning, “a not to be missed opportunity for ACPs” is enabling the development of bespoke roles to create a capable and adaptable workforce within a dynamic health and social care environment which also must meet local health needs and employers’ needs. Whilst the impact of the roles is yet to be evaluated due to their embryonic nature, informal feedback is positive.

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